



Annual Report 2005–2006



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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Canadian Institute for Health Information
495 Richmond Road
Suite 600
Ottawa, Ontario
K2A 4H6

Phone: 613-241-7860
Fax: 613-241-8120
www.cihi.ca

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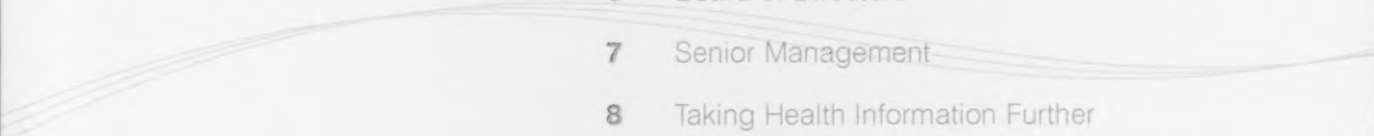
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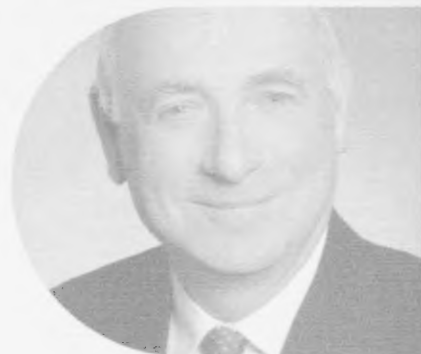
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Less than a generation ago, decisions about our health system were made with very limited information, often of necessity. On occasion, it was hard to even separate fact from fiction.

How remarkable, then, to consider that government policy makers, hospitals and health professionals now have an impressive range of information about what they do, how they do it and the impact.

CIHI's information and education support health managers and help decision-makers as they grapple with such issues as how much money we should invest in the health system, how long Canadians should be waiting for care and how quality of care could be improved.

As of the end of March 2006, CIHI had more than 20 databases on health spending, health human resources, health care services and population health. In addition, it produces many reports and analytical bulletins every year, and educates hundreds of health stakeholders about things such as how to create health indicators, use powerful new standardized patient assessment tools or improve individual health facilities' capacity for collecting quality data.



Message From
the **Board
Chair**

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We play an important role in the development of standards, common definitions and other building blocks for producing comparable information within and between health jurisdictions. CIHI has achieved significant progress in expanding its data holdings as well as in its capacity to make the information meaningful and useful to policy-makers and managers in the health system. But our work on this front is far from complete.

We will continue to work to respond to the emerging needs of the health sector. Last year, we undertook a strategic planning exercise and in August released a public document, outlining the course we intend to follow over the next three to five years.

Our current priorities focus on promoting the adoption and implementation of some of our newer reporting systems that capture key information about ambulatory care, home care and prescription drugs, as well as responding to the need for more and better information on wait times, health outcomes and quality improvement.

We've come a long way in health information in Canada. Working closely with our many partners, we plan to sustain that momentum in the coming years.



Graham W. S. Scott, C.M., Q.C.
Chair of the CIHI Board

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CIHI is well known for its many reports and analytical products, and as a source of information for decision-makers, health managers, clinicians and journalists. But in many ways our reports and analyses are only the tip of the iceberg. We are also fundamentally about data, and the list of our pan-Canadian data holdings is growing to reflect the true breadth of the health system. In addition, we expend a great deal of time, energy and resources working behind the scenes to ensure the comparability of our data so that decision-makers and the public can know where they stand as they work to deliver better health and health services.

Every CIHI report, every piece of data and analysis that we make public, comes as the result of painstaking labour on standards and data quality. Ensuring consistent coding and classifications for the collection of data across Canada's many health jurisdictions may not be the stuff of headlines, but it is what makes our information meaningful and reliable.

But creating comparable data is only part of the challenge. Ensuring that we provide information that meets the needs of all areas of the health system also requires careful and continued attention. That's why in addition to improving current databases, we are developing new databases and analyses that respond to emerging needs, including information about wait times, prescription drugs, mental health, continuing care and rehabilitation.



Message From the
President
and **CEO**

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Improving access to our data and analyses is another priority at CIHI, and the development of new tools such as the CIHI Portal is an integral part of that effort. We also want to help our users get the best use of our data and health information expertise, which is why we are doing more education sessions than ever before—and making more of a difference at every level of the health system.

This year we opened an office in Quebec, established a liaison with the province of Ontario and will soon establish a presence in Atlantic Canada. Our Western office is working directly with health stakeholders in British Columbia, Alberta, Saskatchewan, Manitoba and the territories to be more responsive to their health information priorities. By getting closer to our clients, we will be in a better position to understand their challenges and meet their needs.

All of this is possible in large part because of a strong and dedicated Board of Directors. These senior health care leaders are themselves directly engaged in managing and funding the health system, and thus play a critical role in helping us to identify the specific information needs of that system.

Building needed systems of comparable health data and helping to make the data meaningful and accessible to our clients—at CIHI we are committed to taking health information further.



Glenda Yeates
President and CEO

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Chair

Graham W. S. Scott, C.M., Q.C.
 Senior Partner, McMillan Binch
 Mendelsohn LLP

Glenda Yeates (ex-officio)
 President and Chief Executive
 Officer, CIHI

Canada-at-Large

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 Vice-President, Prevention Division
 Workers' Compensation Board of B.C.

Dr. Peter Barrett

Physician and Faculty, University of
 Saskatchewan Medical School

Chair, CPHI Council

Dr. Richard Lessard
 Director of Prevention
 and Public Health
 Agence de développement de
 réseaux locaux de services de santé
 et de services sociaux de Montréal

Health Canada

Morris Rosenberg
 Deputy Minister

Statistics Canada

Dr. Ivan Fellegi
 Chief Statistician of Canada

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British Columbia and Yukon Territory
Malcom Maxwell
 CEO, Northern Health Authority

REGION 2

Prairies, NWT and Nunavut
Dr. Brian Postl
 CEO, Winnipeg Regional
 Health Authority

Sheila Weatherill

Vice-Chair of the Board
 President and CEO
 Capital Health Authority

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Ron Sapsford
 Deputy Minister
 Ontario Ministry of Health
 and Long-Term Care

Kevin Empey

Executive Vice-President, Clinical
 Support and Corporate Services
 University Health Network

REGION 4

Quebec
Roger Paquet
 Deputy Minister
 Quebec Ministry of Health
 and Social Services

David Levine

President and Director General
 Agence de la santé et des services
 sociaux de Montréal

REGION 5

Atlantic
Nora Kelly
 Deputy Minister
 New Brunswick Ministry of Health
 and Wellness

Alice Kennedy

Chief Operating Officer, Long
 Term Care, Eastern Health
 Newfoundland and Labrador

CIHI has a 16-member board of
 directors constituted to create a
 balance among health sectors and
 regions of Canada. It links federal,
 provincial and territorial governments
 with non-government health-related
 groups. The Board provides oversight
 and strategic guidance to CIHI, as
 well as advice to the Conference of
 Deputy Ministers of Health and to the
 Chief Statistician of Canada on health
 information matters.

Board
 of Directors

Senior Management

Glenda Yeates
President and Chief Executive Officer

Jean-Marie Berthelot
Vice-President, Programs

Louise Ogilvie
Vice-President, Corporate Services

Jennifer Zelmer
Vice-President, Research and Analysis

Jack Bingham
Executive Director, Ontario

Lorraine Cayer
Director, Finance

Brent Diverty
Director, Health Services
Information (Ottawa)

Mark Fuller
Director, Architecture, Planning and
Standards

Elizabeth Gyorf-Dyke
Director, Canadian Population
Health Initiative

Kim Harvey
Director, Applications

Caroline Heick
Director, Health Services
Information (Toronto)

André Lalonde
Executive Director, Corporate
Planning and Quality Management

Anne McFarlane
Executive Director, Western Office

Scott Murray
Chief Technology Officer

Andrea Neill
Chief Privacy Officer

Karl Nerenberg
Director, Communications
and Outreach

Indra Pulcins
Director, Health Reports and Analysis

Francine Anne Roy
Director, Health Resources Information

Serge Taillon
Executive Director, Quebec

Greg Webster
Director, Research and
Indicator Development

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Taking Health Information Further

Pulling together information on Canada's complex health care system is a significant challenge. There are numerous types of care being provided and there are intricate issues that come with gathering comparable data from different provinces, regions and health care facilities.

The Canadian Institute for Health Information (CIHI), an independent and not-for-profit organization, has become a leader in efforts to ensure rigorous data standards. A broad network of institutions and individuals provides CIHI with data, and CIHI works with those stakeholders to produce accurate, comparable and usable information.

CIHI's data and analysis focus is on **health care services, health human resources, health spending and population health.**

What We Do

CIHI collects data for more than 20 pan-Canadian and provincial data holdings. This information is crucial to explaining who is getting care in Canada, the kinds of care they're getting, how quickly they're getting it and what makes some Canadians healthier than others.

CIHI also goes beyond providing straight data and information; it produces in-depth analytical and summary reports. And while some of these reports focus specifically on CIHI data holdings, others gather information from a range of sources, creating a comprehensive look at the information available across the country on issues of critical importance to Canadians.

Informing public policy: CIHI supports the development of key data and information to inform policies that affect the health of Canadians.

Supporting health care management: CIHI produces information that helps governments, regional health authorities, health system managers and various organizations within and outside the health sector make decisions to ensure optimal use of resources and to improve health outcomes.

Building public awareness: CIHI informs Canadians about their health system and the factors that affect their health.

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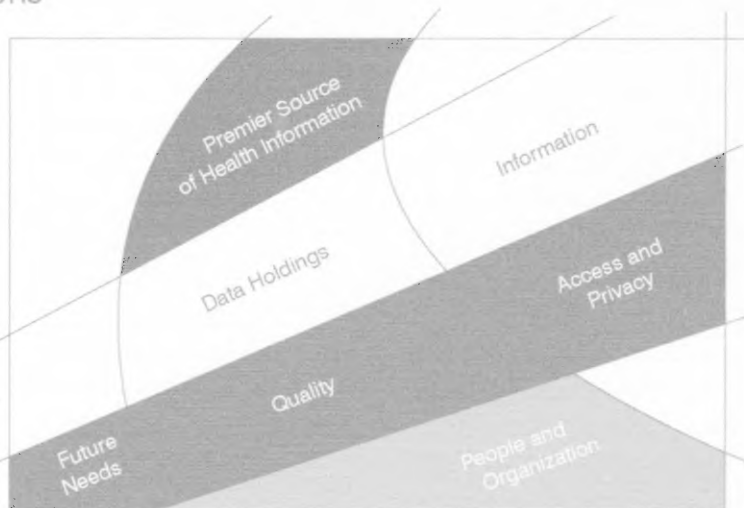
CIHI in Focus: 2005–2006

A Year in Review

Fiscal year 2005–2006 was another successful year for CIHI. It included the release of CIHI's document, *Strategic Directions, 2005–2006 to 2007–2008*, a plan that charts CIHI's priorities based on a comprehensive consultation process with key stakeholders. The graphic below illustrates those directions and the following pages describe CIHI's many accomplishments that stemmed from them.

CIHI's Strategic Directions

- 1 CIHI will be a **premier** Canadian **source of** unbiased, credible and comparable **health information**.
- 2 CIHI will enhance its **data holdings**.
- 3 CIHI will produce vital **information** to improve the health of Canadians and of their health systems.
- 4 CIHI will enhance information **quality**.
- 5 CIHI will improve **access** to data, and will do so in a **privacy-sensitive** manner.
- 6 CIHI will provide leadership to ensure that **future** data and information **needs** are met.
- 7 CIHI will continue to be a dynamic **organization** with a highly motivated workforce.



Premier Source of Health Information

CIHI strives to be a premier source of unbiased, credible and comparable health information. This past year, CIHI broke new ground:

- CIHI's work on wait times, including *Understanding Emergency Department Wait Times: Who Is Using Emergency Departments and How Long Are They Waiting?*, 2005, the Wait Times Measurement Symposium and our special report entitled *Waiting For Health Care in Canada: What We Know and What We Don't Know*, provided vital information on this important issue;
- In the area of patient safety and outcomes, CIHI worked with other health stakeholders on the development and validation of the Hospital Standardized Mortality Ratio (HSMR), which will allow facilities to monitor their progress in improving the care they provide; and
- In primary health care, CIHI led the development of a pan-Canadian suite of draft primary health care indicators—based on consensus from key stakeholders from across Canada.

Stakeholder Outreach

CIHI is also reaching more and more health stakeholders across Canada:

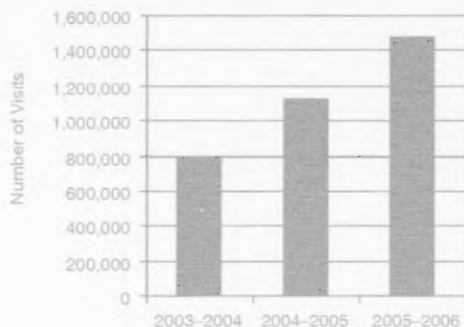
- Throughout the year, CIHI continued to increase its visibility through presentations at many conferences and events as well as by hosting conferences, such as the highly successful e-Health conference held in Victoria, British Columbia;

Putting the Data to Use

Helping the world fight AIDS

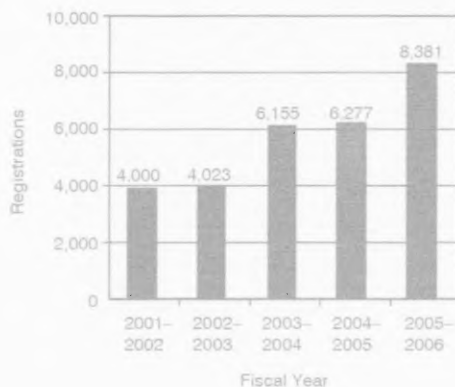
CIHI's information is the basis of cutting-edge health research of international importance. For example, researchers working for the World Health Organization used CIHI's CMG to calculate HIV-specific hospital costs in Quebec—specifically, the difference in cost before and after clinical protocols for highly active antiretroviral therapy (HAART) in the treatment of HIV. Researchers concluded that HAART was a cost-effective approach. They published their results in a prominent AIDS journal, and have contributed to the body of knowledge on this globally significant issue.

CIHI Web Activity



- CIHI's website is a free, and increasingly important, source of information for the general public, the media, health professionals, decision-makers and health planners and researchers. This past year, CIHI's website had close to 1.5 million hits; and

Registrants for CIHI Education Sessions



- CIHI provided more than 8,300 health professionals across Canada with education sessions either in person or through the web.

Enhancing Data Holdings

CIHI takes a systematic and thoughtful approach to data collection, and strives to maintain a balance between augmenting existing data holdings, creating new data holdings and optimizing use of the data it currently has.

Some of the accomplishments over the past year in enhancing pan-Canadian data holdings included the following:

- Supporting the implementation of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada and the Canadian Classification of Health Interventions (ICD-10-CA/CCI) in Quebec;
- Moving forward in developing the National Prescription Drug Utilization Information System (NPDUIS) and the Canadian Medication Incident Reporting and Prevention System (CMIRPS);
- Completing the initial development of three new health human resources databases for physiotherapists, occupational therapists and pharmacists;
- Launching a national survey on the health and work life of nurses, in collaboration with Statistics Canada;
- Implementing the Home Care Reporting System (HCRS) in British Columbia and making progress toward bringing several other jurisdictions on board;
- Completing the development of the Ontario Mental Health Reporting System (OMHRS); and
- Actively promoting the implementation of the Continuing Care Reporting System (CCRS).

Putting the Data to Use

Getting the money where it is needed most

CIHI's grouping and weighting methodologies are used to identify clinically relevant and statistically similar groups of individuals, helping health facilities and regional authorities with utilization management and decision support. The methodologies also play a key role in helping provinces benchmark and make funding decisions. In Ontario, for example, the Ministry of Health and Long-Term Care's funding formula, which includes CIHI's Case Mix Groups (CMG), has allocated to hospitals nearly \$1 billion of "incremental funding" since 2001-2002. Ontario has also used other CIHI grouping methodologies in its funding formula for day surgery procedures (Day Procedure Groups and Resource Intensity Weights) and complex continuing care (Resource Utilization Groups).

Improving the Health of Canadians and their Health System

CIHI publishes dozens of reports each year, all of which contribute to the public's knowledge of the health system and the health of Canadians. This year, those reports included the following:

- *Health Care in Canada 2005*, including *Health Indicators 2005*
- *Exploring The 70/30 Split: How Canada's Health Care System is Financed*
- *Waiting For Health Care in Canada: What We Know and What We Don't Know*
- *Improving the Health of Young Canadians, 2005*
- *Improving the Health of Canadians: Promoting Healthy Weights*
- *Facility-Based Continuing Care in Canada, 2004-2005*
- *Understanding Emergency Department Wait Times: Who Is Using Emergency Departments and How Long Are They Waiting?*

Other work that helped to build the foundation for sound information included the following:

- A long-range analytical plan that provides a framework for CIHI's efforts to build knowledge over the coming years;
- Development of new ICD-10-CA/CCI-based grouping methodologies, including completion of Day Procedure Groups (DPG) and the Comprehensive Ambulatory Classification System (CACS);
- New e-learning products to more effectively support our clients' uses and understanding of CIHI products and services; and
- Initiation of western Canada-based analytical projects, including the development of a cardiac registry and an end-of-life study.

High-Quality Data and High-Quality Analysis

CIHI works hard to continuously improve the quality of its data and analysis. Progress in the past year on this front included the following:

- Comprehensive data-quality reports for provincial and national jurisdictions, including the Discharge Abstract Database (DAD), the Canadian MIS Database (CMDB), the National Rehabilitation Reporting System (NRS) and the National Physician Database (NPDB);
- Support for important provincial data quality initiatives; and
- A large-scale Ontario case-costing reabstraction study.

Improved Access to Data

CIHI prioritizes improving access to data in an appropriate and privacy-sensitive manner. This past year, CIHI:

- Launched the beta release of the CIHI Portal, which has the potential to revolutionize how health data users access and use CIHI data;
- Initiated development of e-MIS reports that will provide health care facilities with access to relevant and timely indicators relating to their financial and operational performance; and
- Secured approval of its privacy program, including its privacy and security policies and practices, from the Ontario Office of the Information and Privacy Commissioner (as a designated entity under Ontario's *Personal Health Information Protection Act* or PHIPA).

Putting the Data to Use

Limiting use of restraints in continuing care facilities

CIHI offers hundreds of education sessions to hospitals and health facilities across Canada. Education sessions focused on teaching the standardized assessment component of CIHI's Continuing Care Reporting System, which is based on the interRAI Resident Assessment Instrument—Minimum Data Set 2.0 (RAI MDS 2.0), are helping improve the quality of care to residents of continuing care facilities. The Chinook Health Region in Alberta is using CIHI's education sessions and data to help it generate quality indicator reports, and has identified the high use of restraints in continuing care facilities as an area for improvement. With this information, the health region then established benchmarks for restraint use and moved quickly to implement a "least restraint" policy. The Chinook Health Region now reports an observed decrease in daily restraint use and better quality of life for residents in regional facilities. As the CCRS standard is adopted across Alberta and beyond, CIHI's clinical educators will support regions across the country in using comparative quality indicator reports to improve the quality of care in nursing homes and long-term care facilities across Canada.

Leadership for Meeting Information Needs of the Future

CIHI strives to anticipate the future health information needs of the health system and Canadians by working closely with stakeholders and partner organizations. This year, CIHI:

- Reached an agreement with Canada Health Infoway to hand over the hosting of HL7, Partnership and ISO standards from CIHI to Infoway; and
- Worked very closely with Infoway on the development of electronic health record solutions/standards.

Dynamic Organization With Dedicated Staff

For the second year in a row, CIHI was named one of Canada's top one hundred employers and was featured as one of Ottawa's top ten employers. Without a highly motivated workforce, producing a vast amount of health information is simply not possible. That's why CIHI is developing a new approach for the recruitment and retention of analytical staff, and as well as continuing to increase overall capacity to provide services in both official languages.

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Looking
Ahead
to 2006-2007

As we look ahead to 2006-2007, CIHI will continue to focus its attention on the strategic directions that were identified in 2005-2006.

To this end, CIHI will continue to expand its data holdings, and to retain its emphasis on improving the overall quality of its data holdings. It will also continue to invest more resources in producing insightful and innovative analyses and reports that add to our knowledge of Canadians' health and Canada's health system. Through reports, the website, analytical bulletins and other useful tools, we will work hard to deliver action-oriented information and improve access to our data. Finally, we will provide leadership to ensure that future information needs are met.

As a **premier source of information**, the production of thoughtful analytical reports will continue to be a priority for CIHI. The following are a few highlights planned for 2006-2007:

- The release of *Health Care in Canada 2006*, with a focus on regional variations and trends in heart attack and stroke survival; and
- Implementation of the long-range analytical plan with projects relevant to the priority themes, including access to care, quality/outcomes, cost/productivity/funding, health human resources, patient flow/continuity of care, healthy weights, healthy transitions to adulthood, and place and health.

Putting the Data to Use

Improving the quality of care in the emergency departments

The Ontario Hospital Association and the Government of Ontario used data from CIHI's National Ambulatory Care Reporting System as part of a balanced scorecard to report on 19 indicators in areas such as clinical use and outcomes, financial performance and patient satisfaction. The Chatham-Kent Emergency Department then used these indicators as the basis for action strategies to make quality improvements. The result is that this ED has shifted to a "primary care nursing model," in which each registered nurse is responsible for specific patients in a designated area. It has also created a triage team to review internal processes and now regularly provides ED patients with more information on care policies and processes.

As we look to further **enhance our data holdings**, CIHI will continue:

- Phased-in implementation of the new National Prescription Drug Utilization Information System (NPDUIS), based on claims-level data from publicly funded drug programs;
- Development of the Canadian Medication Incident Reporting and Prevention System (CMIRPS), designed to further enhance the safety of medication use in Canada;
- To promote the adoption, and to support implementation, of the National Rehabilitation Reporting System (NRS), the Continuing Care Reporting System (CCRS), the Home Care Reporting System (HCRS), the Ontario Mental Health Reporting System (OMHRS) and the National Ambulatory Care Reporting System (NACRS);
- To increase the scope, relevance and usefulness of our existing health human resources products, including analysis and dissemination of the results of the national survey of work and health of nurses (in collaboration with Statistics Canada and Health Canada); and
- To work on the development of new supply-based databases for three health professions (physiotherapists, occupational therapists and pharmacists), as well as two additional health professions (medical radiation technologists and medical laboratory technologists).

Producing vital information to improve the health of Canadians and that of their health systems will continue to be a priority. Our focus in 2006-2007 will be on the following:

- Carrying out an expanded range of analytical and reporting activities, including special studies related to priority health services issues such as changes in spending on home care, waits for emergency and planned orthopedic surgery, falls in continuing care settings and renewal and turnover in Canada's nursing supply;
- Producing and disseminating policy-relevant analytical reports in the areas of health expenditures, health human resources and health services;
- Developing and releasing commissioned reports on hospital performance, including Ontario's *Hospital Report 2006: Acute Care*, and increasing capacity to initiate development and production of new reports in the areas of complex continuing care, emergency department and rehabilitation in Ontario;
- Releasing the final report in the three-part Improving the Health of Canadians report series, and doing a systematic review of how structural and community-level factors in urban environments are related to obesity rates;
- In collaboration with our partners, CIHI will continue developing, compiling and disseminating new and existing health indicators to address priority information needs, with a special focus on hospital standard mortality ratios, primary health care and wait times; and
- Working with Statistics Canada on the development and initiation of a work program on health outcomes.

Regarding **high-quality analysis** and **high-quality data**, CIHI will:

- Work closely with the province of Quebec to support implementation of ICD-10-CA/CCI, and promote the adoption of other CIHI products and services in that jurisdiction;
- Focus efforts over the coming year on initiatives in the area of data quality and data exchange/access;

Putting the Data to Use

More services at home for stroke patients

Hospitals and clinicians use CIHI's data to improve the quality of care to patients throughout the health system. The Kingston General Hospital and researchers at the Stroke Strategy of Southeastern Ontario used customized CIHI data as part of an investigation into best practices related to stroke patient care. Researchers noted that patient, caregiver and provider satisfaction improved greatly when patients received more intensive rehabilitation services after leaving the hospital. Patients also reported significantly faster recovery time and were less likely to be readmitted to the hospital. As a result of this study, stroke patients now benefit from more intensive services when they move from hospital to home.

- Continue work related to the implementation, monitoring and ongoing compliance of CIHI's data-quality framework across all data holdings, including implementation of plans to review/enhance organizational processes; and
- Carry out special data-quality and/or reabstraction studies aimed at assessing the quality of the data in clinical databases such as the NACRS and the CCRS.

CIHI will continue to improve the **access to our data**, and will do so in a **privacy-sensitive** manner by:

- Launching new e-MIS reports, which are interactive web-based reports that allow hospitals to analyze their own management information systems (MIS) data, as well as data from other hospitals across Canada;
- Continuing to develop and deploy the necessary tools to support electronic data capture, query, analysis and dissemination activities, as well as support improved integration and analysis of data holdings through the data dictionary and organizational index initiatives; and
- Proceeding with expanded implementation of CIHI's Portal.

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As CIHI continues to ensure that **future data** and **information needs** are met, it will:

- Expand the organization's knowledge of clinical vocabularies, such as the Systematized Nomenclature of Medicine Clinical Terms® (SNOMED CT®), and assess the impact of their adoption on secondary uses of data; and
- Examine strategies to minimize the impact of "data flight" in the area of primary care and physician services.

Building on its successes in 2005–2006, CIHI will continue to focus on being a **dynamic organization** composed of dedicated and **skilled staff**. CIHI will implement strategies to support recruitment and retention of employees—with a special focus on analytical and bilingual resources. CIHI will also move forward with plans to expand its presence in Atlantic Canada.

Auditors' Report
on Summarized
Financial
Statements

To the Board of Directors of the
Canadian Institute for Health Information

The accompanying summarized balance sheet, statements of revenue and expenses and cash flows are derived from the complete financial statements of the Canadian Institute for Health Information as at March 31, 2006 and for the year then ended on which we expressed an opinion without reservation in our report dated May 5, 2006. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

Ottawa, Canada,
May 5, 2006.

Ernst & Young LLP

Ernst & Young
Chartered Accountants

Balance Sheet

As at March 31

	2006 \$	2005 \$
Assets		
Current		
Cash	1,145,372	673,048
Accrued interest	536,344	1,124,252
Accounts receivable	5,567,431	3,079,410
Prepaid expenses	1,451,545	1,636,202
	8,700,692	6,512,912
Investments—Roadmap	75,979,238	100,558,166
Capital assets	10,080,954	5,532,691
	94,760,884	112,603,769
Liabilities		
Current		
Accounts payable and accrued liabilities	6,026,874	3,991,624
Unearned revenue	2,425,843	4,140,885
	8,452,717	8,132,509
Accrued pension benefits	1,515,600	332,500
Deferred contributions—Roadmap	72,140,528	96,413,749
Deferred contributions—Capital assets	5,392,271	3,173,317
Lease inducements	2,820,446	268,085
	90,321,562	108,320,160
Net assets		
Invested in capital assets	2,362,140	2,091,289
Unrestricted	2,077,182	2,192,320
	4,439,322	4,283,609
	94,760,884	112,603,769

Statement of Revenue and Expenses

Year ended March 31

	2006 \$	2005 \$
Revenue		
Core Plan	13,290,282	11,314,477
Sales	3,246,795	3,002,996
Funding—Core	11,057,057	7,623,972
Funding—Roadmap	39,936,775	33,370,697
Interest	53,480	57,359
Miscellaneous	55,206	57,348
	67,639,595	55,426,849
Expenses		
Compensation	40,982,626	32,593,370
External and professional services	6,369,833	5,477,122
Travel and advisory committee expenses	3,919,327	3,051,314
Office—supply and services	7,449,408	5,276,678
Computers and telecommunications	3,748,349	3,723,872
Research grants and contributions	4,857,998	5,107,831
Miscellaneous	156,341	88,400
	67,483,882	55,318,587
Excess of revenue over expenses	155,713	108,262

Statement of Cash Flows

Year ended March 31

	2006 \$	2005 \$
Operating activities		
Excess of revenue over expenses	155,713	108,262
Items not affecting cash:		
Amortization of capital assets	2,145,748	1,902,750
Amortization of lease inducements	(331,762)	(65,680)
Pension benefits	1,183,100	317,800
Amortization of deferred contributions—capital assets	(1,196,180)	(1,189,120)
Loss on disposal of capital assets	22,016	3,322
	1,978,635	1,077,334
Changes in non-cash working capital items	(1,395,248)	4,598,712
Net decrease in deferred contributions	(35,858,087)	(28,254,433)
Amortization of investments—Roadmap premiums	1,514,939	2,048,142
Loss (gain) on sale of investments—Roadmap	3,159	(86,366)
Roadmap initiative	15,000,000	-
Cash used in operating activities	(18,756,602)	(20,616,611)
Investing activities		
Acquisition of capital assets	(6,721,099)	(2,641,972)
Proceeds on disposal of capital assets	5,072	2,617
Note receivable	-	58,334
Acquisition of investments—Roadmap	(64,860,976)	(87,279,274)
Proceeds on disposal of investments—Roadmap	87,921,806	110,073,310
Cash provided by investing activities	16,344,803	20,213,015
Financing activities		
Leasehold inducements	2,884,123	92,150
Cash provided by financing activities	2,884,123	92,150
Net cash inflow (outflow)	472,324	(311,446)
Cash, beginning of year	673,048	984,494
Cash, end of year	1,145,372	673,048

Complete financial statements of the Canadian Institute for Health Information for the year ended March 31, 2006, are available upon request.

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Canadian
Institute for **Health**
Information
Offices

CIHI Ottawa

495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6
Phone: 613-241-7860
Fax: 613-241-8120

CIHI Toronto

90 Eglinton Avenue East, Suite 300
Toronto, Ontario M4P 2Y3
Phone: 416-481-2002
Fax: 416-481-2950

CIHI Victoria

880 Douglas Street, Suite 600
Victoria, British Columbia V8W 2B7
Phone: 250-220-4100
Fax: 250-220-7090

CIHI Edmonton

10235 101 Street, Suite 1414
Edmonton, Alberta T5J 3G1
Phone: 780-409-5438
Fax: 780-421-4756

CIHI Montréal

1010 Sherbrooke Street West, Suite 440
Montréal, Quebec H3A 2R7
Phone: 514-842-2226
Fax: 514-842-3996

www.cihi.ca

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